

INDIANA DEPARTMENT OF CORRECTION JOB SHADOWING COACH EVALUATION

(To be completed by the Employee)

EMPLOYEE:_____ COACH:_____

DATE:_____ FACILITY/DIVISION:_____

INSTRUCTIONS: Rate skills with reference to the scale below. You are encouraged to comment on any skill you wish and are required to comment after rating of NEEDS IMPROVEMENT.

Needs Improvement 1	Average 2	Above Average 3	Excellent 4
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How would you rate your Coach's:

1. Motivation towards your instruction? 1 2 3 4

2. Interpersonal relationship skills? 1 2 3 4

3. Delivery of information? 1 2 3 4

4. Communication skills? 1 2 3 4

5. Ability to accept feedback? 1 2 3 4

6. Ability to provide feedback? 1 2 3 4

7. Encouragement/Support? 1 2 3 4

8. What instruction occurred that benefited you the most? Please take a moment and explain.

9. If you could change anything about this program what would you change?

10. Was there any area of the job that you feel you would have been more beneficial to have spent more time?

11. What surprised you most about what you learned?

Additional Comments:

Employee (Printed Name): _____ Signature: _____

Reviewed by:

PPCC Committee Representative (Printed Name): _____

Signature: _____